



NMCPHC QUICK HITS

Ebola Virus Disease (EVD) Outbreak in West Africa

West Africa is experiencing the largest, most severe and most complex outbreak of Ebola virus disease (EVD) in history. In December 2013 an outbreak of EVD, an extremely severe and often fatal infection, began in Guinea. This outbreak now involves transmission in Guinea, Liberia, Sierra Leone, and Nigeria. On 8 August 2014, the World Health Organization declared that the current Ebola outbreak is a Public Health Emergency of International Concern.

What is EVD?

- EVD is a highly virulent disease. Severely ill patients require intensive supportive care.
- The first human EVD outbreaks occurred in 1976 in Sudan and the Democratic Republic of Congo. EVD outbreaks have a case fatality rate of up to 90%.
- As of 18 August 2014, there have been 2,127 reported cases of EVD and 1,145 deaths reported in West Africa.
- EVD does not present a substantial risk to the U.S. general public.
- There are no DoD cases and the risk to non-medical DoD personnel is low.

How is the disease spread?

EVD is transmitted through direct contact with the blood, bodily fluids or tissue of an infected symptomatic person or objects that have been contaminated with infected secretions. During an outbreak, those at higher risk of infection are health workers, family members, and others in close contact with sick people and deceased patients. EVD is not transmitted through air, water, or food.

What are the clinical findings?

- Incubation period is usually 8–10 days (range 2-21 days) and the majority of infected people become symptomatic.
- EVD symptoms typically include fever greater than 101.5°F (38.6°C), severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, and lack of appetite.
- A person with EVD is not contagious until symptoms appear.

How is EVD treated?

No licensed vaccine or specific treatment is available.

How can EVD be prevented?

- Implement infection control recommendations:
 - Practice [standard, contact, and droplet precautions](#) for management of hospitalized patients with known or suspected EVD.
 - Isolate the patient, restrict visitors, and avoid aerosol-generating procedures.
- Follow the precautions found in the Centers for Disease Control and Prevention (CDC) [Travel Notice](#) for the countries of Guinea, Liberia, Sierra Leone, and Nigeria.

Navy Surveillance and Reporting

- Early recognition of EVD is important for providing appropriate patient care and preventing the spread of infection. Healthcare providers should be alert for and evaluate any patients suspected of having EVD.
 - A [case definition](#) for EVD is available at CDC's website.
 - Navy and Marine Corps units providing patient care should report suspect, probable, or confirmed EVD cases via the [Disease Reporting System internet \(DRSi\)](#) immediately using the category "Hemorrhagic Fever."
- Within the DoD, clinical diagnostic testing is available at the [U.S. Army Medical Research Institute of Infectious Disease \(USAMRIID\)](#), (301) 619-4738/3318 or DSN 343-4738-3318.

For more information contact a [Navy Environmental and Preventive Medicine Unit](#).



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PREVENTION AND PROTECTION START HERE

